



Prevention and Wellness Trust

Ch. 224 of the Acts of 2012

Prevention and Wellness Advisory Board

DPH Public Health Council Room

September 22, 2016

Draft Meeting Minutes

Board Members present:

Lindsey Tucker for

Commissioner Bharel

Heidi Porter

Rebecca Gewirtz

Sen. Jason Lewis

Keith Denham

David Hemenway

Stephenie Lemon

Zi Zhang

Paul Mendis

Catherine Hartman

Sen. James T. Welch

Daniel Cohen for

Gary Sing

Board Members not present:

Lorenza Holt

Rep. Kate Hogan

Rep. Jeff Sanchez

DPH staff presenting:

Carlene Pavlos

Claire Santarelli

Laura Nasuti

Jean Zotter

Laura Coe

Additional Attendees:

Charles Deutsch, Harvard Catalyst

Tim O'Neill, Office of Rep. Sanchez

Maddie Ribble, MPHA

Welcome, Introductions, Agenda Approval

- Welcome to new board members Paul Mendis and Lorenza Holt, who participated via phone and did not count for quorum and did not vote
- Agenda approved unanimously.

Review of minutes

- Minutes amended—*Heidi Porter*: Minutes from January meeting should reflect in footer that the meeting took place in January, not September.

- Motion to approve minutes as amended, *Keith Denham* motioned. *Rebecca Gewirtz* second. Unanimous.

DPH Presentation of PWTF Data (See Slides)

Carlene Pavlos, Director, Bureau of Community Health and Prevention

Update on the Progress on PWTF

- PWTF is working to move clinical services to the community
- Rate of referrals increasing exponentially each quarter of implementation
- 50% of referrals have resulted in enrollment
- Partners are getting better at enrolling referrals each quarter
- Continue to see improvement in % who complete the interventions —moving from 18% to 27%
- Overall (all people, including walk-in's) almost 10k enrolled and more than 5k completed—54% completion

Overview of the charge of the PWAB

- Overview of PWTF goals
 - Reduce the rates of the most prevalent and preventable health conditions;
 - Increase healthy behaviors;
 - Increase the adoptions of workplace-based wellness or health management programs that result in positive returns on investment for employees and employers;
 - Address health disparities; and/or
 - Develop a stronger evidence-base of effective prevention programming.
- Overview of PWAB charge
 - Making recommendations to the Commissioner of Public Health on the administration and allocation of the Prevention and Wellness Trust Fund,
 - Evaluating PWTF,
 - Advising the Department of Public Health on its annual report to the legislature on its strategy for administration and allocation of the fund, and
 - Making recommendation to legislature on whether PWTF should be continued, amended or expanded and how.
- Sustainability Committee developed by PWAB to create recommendations for sustaining PWTF for the legislature
- Next PWAB meeting is really important for the review of the annual report

Questions:

- *Sen. Lewis:* Context of the numbers—10k of 1M—did we have a number in mind in terms of how many people we want to impact?
- *Laura Nasuti:* One of the key pieces to consider is who is eligible for referrals. You have to qualify in your community.
 - One marker is systems change—what percentage of eligible patients are getting the referrals? Are we targeting the people intended?
 - Referral mechanism is focused on the highest risk patients
 - Exponential expansion over time
- *Sen. Lewis:* Suggestion to look at 10k as a percentage of people eligible, then the number of people referred looks more substantive.
- *Catherine Hartman:* How is completion defined and what are the timeframes?
 - *Jean Zotter:* It depends on the intervention. Each intervention has an established criteria and definition for completion.
- *Paul Mendis:* What are the reasons for non-engagement/lack of enrollment among those referred? Was there a feedback loop for the referral source?
 - *Jean Zotter:* The model is a bi-directional referral. There has always been a feedback loop.
 - *Laura Coe:* Enrollment and completion often is based on barriers—languages, communication, transportation, how the referral is made

Sustainability Committee Presentation (SEE SLIDES)

Maddie Ribble, Co-Chair of Sustainability Committee

Overview of sustainability committee recommendations

- Met first in August 2015
- Overview of membership committee
- Overview of the process for information gathering and input from various resources
- PWTF is a unique program
 - Complimentary to ACO development
 - No other large-scale, systemic approach to prevention
 - Cost-control
 - Aligns with public health goals
 - Did not look into the detail of interventions before the data is analyzed by Harvard
- Framework—Review of 3 Buckets of Prevention
 - 1. Traditional clinical prevention, 2. Innovative clinical prevention, 3. Total population or community-wide prevention
 - Committee suggested integrating efforts
 - Landscape is shifting at more linkages develop—maturation will be slow
 - PWTF is focused on chronic disease prevention
 - PWTF needs to do more in the 3rd bucket
- Recommendations for local approaches:
 - Support grantees to continue their work on the local level
 - State agencies: encourage DPH to work with hospitals on DoN
 - Encourage alignment of priorities
 - MassHealth encourage ACOs to work with PWTF
- Recommendations for health systems:
 - MA Health and HPC should create ACO frameworks that supports the model of community/clinical linkages
 - Development of linkages takes time
 - DPH and MA Health collaborate to support ACOs
 - DPH with insurers and MA health to promote coverage of PWTF interventions
 - DPH provide geographic data for risk stratification
- Recommendations for Legislature:
 - Legislation should commit to reauthorization of PWTF based on 4 principles:
 - We need more evaluation data—1 year extension of current program for 2 additional years of claims data
 - We want to measure observable cost impacts and make sure we don't exclusively focus on short term ROI
 - *Keith Denham*: What is the need for a 1 year extension?
 - *Jean Zotter*: We would have 1 more year of claims data
 - *Charles Deutsch*: Any other assessment would be more than 2 years of data review but 1 additional year would help for this program to assess outcomes
 - *Catherine Hartman*: How long was the average intervention?
 - *Jean Zotter*: It depends on the intervention. Full implementation started in January of 2015, so we will have a year of data. Right now we are in the middle of interventions with people we just enrolled.
 - Define metrics of success
 - Coordinate individual and community-wide interventions
 - Ensure financial sustainability to fund efforts and infrastructure—4 principles of preferred sources:
 - Sustainable and not likely to be diverted
 - Stable and can generate sufficient funds to impact population health outcomes
 - Provide logical link between funding
 - Simple to administer

- *Questions and comments:*
 - Comment about health insurance covering asthma home visit, Paul Mendis: One health plan does cover it
 - MassHealth staffing structure related to CHWs reads like a blanket recommendation—this was not noted for other organizations besides MassHealth
 - *Maddie Ribble:* The committee learned a lot about the success of CHWs providing the link—outline of certain referrals that are improved with CHWs
 - *Rebecca Gewirtz:* CHWs provide something unique and specific to the sorts of work being done—it is incumbent upon us to call that out. CHWs are a special type of provider and trusted members of the community—let’s not scale back the value.
 - *Carlene Pavlos:* In original procurement CHWs were not required yet 76 CHWs have been employed in PWTF. These partnerships are trying to reach very underserved communities, and CHWs have been a linchpin to success to engage people at highest risk.
- *Lindsey Tucker:* Process—how do you want to move forward regarding the recommendations—approve, review, vote?
- Modification of the CHW point in the report—proposed changes:
 - *Daniel Cohen:* Recommendation to edit page 9, third bullet—add “as appropriate as well as when requested by members”
 - Discussion of the definition of a clinical care team
 - Add that CHWs are integral to the community/clinical linkages
 - *Sen. Lewis:* Recommend the Governor and Legislature should reauthorize, not just Legislature—you need executive support—section E – 9, 10, 11—if there are other areas the Legislature is called upon to do something, perhaps it should be applied there as well.
 - The funding would need to be in the Governor budget in FY18 budget
 - Need discussion for appropriations now
 - *Lindsey Tucker:* Any concerns or feedback on two friendly amendments?
 - *Stephenie Lemon-* motion to move forward with a vote; *Keith Denham* second. Unanimous. Lindsey Tucker abstains.

Massachusetts Working on Wellness Presentation (See Slides)

Claire Santarelli

- Brief overview of the program development cycle
- Linked data collection to deliverables—tie to “seed” funding
- Status:
 - Cohort 1: the only group that has completed
 - Cohort 2: completed their action plan but not yet at evaluation stage
 - Cohort 3: still in the assessment stage
 - Cohort 4: 63 applications and they will be notified tomorrow
- Opened up to anyone but targeted businesses in PWTF communities, businesses with fewer than 200 employees, and businesses that employ low-wage workers
- Low-wage employers represent 15%
- The employers were a mix of insured and self-insured
- 63% are white across cohorts 1-3
 - This is not a representative distribution of disparities we see.
- Participants are seeing success and value from the program
 - Comment: Need better definition of self-reporting “good health” status
- Interventions that make a difference:
 - Require one intervention about risks
 - One policy change
 - One behavioral change
- Overview of challenges

- Review of modifications
- Overview of sustainability recommendations

Questions:

- *David Hemenway:* How much media attention has this program gotten? How much publicity has the PWAB gotten? There seems to be a lot of people in the media who would be interested in good news.
 - *Jean Zotter:* We have been working with partnerships to get local coverage of their work.
- *David Hemenway:* Suggestion that it would be nice to see something in the next 2 months in the Boston Globe
- *Stephenie Lemon:* We excluded worksites that do not offer health insurance. How has that impacted our ability to reach low-wage workers?
 - *Claire Santarelli:* Tax credit program required insurance.
 - *Catherine Hartman:* All the health plans have preventive programs, and maybe this can be beefed up to raise awareness of what benefits that they have
 - *Claire Santarelli:* this has been one of the components of TA—to help them understand what they already have access to.
- *Lindsey Tucker:* Vote on acceptance of recommendations or defer to the sustainability committee and vote in December.
- *David Hemenway* motions to accept recommendations for inclusion. *Senator Lewis* second. Unanimous; Lindsey Tucker abstains.

Updates on PWAB Evaluation Subcommittee

Stephenie Lemon

- Quantitative—at the stage of data acquisition—timeline has been challenging
- Waiting on one source of data to merge
- Mixed-methods design that is looking at health outcomes and linking to qualitative data
 - Key outcomes: changes in prevalence
 - Cost and ROI
 - Trying to uncover disparities and how we are affecting folks at the highest risk
 - What influences success?
 - Looking at rates in committee before and after PWTF
 - Compare these outcomes to communities as compared to other matches based on demographic and health status variables
 - Qualitative data has been conducted: interviews with leaders, surveys from 170 partners, social network surveys
- Committee charges itself with input and guidelines regarding publications—what is the role and what guidance can be provided?
 - Suggestion of a journal supplement previously
 - Large overview should move forward
 - We may need to find a funding source
- Most recent claims data is through Dec 2015—which means only one year of implementation claims data
 - *Catherine Hartman:* Heightens the Sustainability Committee recommendations. Not sure how you get to outcomes without a year extension.
 - *Charles Deutsch:* It is all projection going out. We're going to do the best we can with what we have, but more data will really be decisive.
- Total amount of work will not be captured through June 30, 2017 because evaluation data is only through XXXX

Annual Report 2016 – Presented by Jean Zotter, PWTF Program Manager

- Overview of the Vision
- Overview of the content
 - In addition to progress, we will have recommendations and evaluations. Harvard and UMass are giving us their reports on December 1st, but there will be no way to incorporate their findings into the annual report.
- Overview of the approach/content

- Review of the timeline
 - Evaluation committee meeting set for December 5th to review reports.
- We will try to get the progress report sooner.

Closing

Associate Commissioner Tucker – Reminder next meeting is December 15th from 1-4pm (please note this meeting will take one additional hour).

Senator Welch – motion to adjourn; *Rebecca* – second; Unanimous.

Adjourned at 3:00 pm

Respectfully submitted by,

Nicole Matteucci
Jenna Roberts